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Orthopedic Aspects of Nursing

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It is believed by many that orthopedic nursing applies only to the after-care of persons having a congenital or acquired defect. Few realize the importance of this type of nursing during acute illness, prolonged convalescence or in chronic disease. Keen observation on the part of every nurse is necessary to prevent contracture of certain muscles, which may result from a lowered resistance, reduced muscle tone or the disease itself.

In her desire to make the patient comfortable and to hasten recovery, the nurse should always keep in mind that faulty position of the body or extremities often results in a deformity which may require a definite treatment for its correction, thereby prolonging the period of complete recovery and creating a very definite financial burden.

The most common condition, resulting from an unguarded position of the body, can be prevented by using a few simple devices. The sides and end of a wooden box, padded, will serve as a cradle to support the feet at right angles and will keep off the weight of the bed clothes, thus preventing foot drop. Sand bags placed along the outer side of the legs, will keep the legs from rolling outward and eliminate the possibility of contracture of the hips. In small children, this position may be maintained by bandaging the knees together. If there is too much resilience in the springs and mattress, an ironing board or a piece of ply wood, the size of the bed, may be used under the mattress as a fracture board and be an aid in supporting the normal curves of the spine.

One should ever keep in mind that a sitting position, over a long period, tends to produce contractures of the hips and knees and may be the cause of foot drop. This is also the result of too frequently placing a pillow under the knees of a recumbent patient, therefore the use of such measures for making the patient comfortable should be undertaken with caution. The patient who must sit a great part of the time should assume a prone position for part of the day to pre-

Neglected poliomyelitis

vent the occurrence of hip contracture.

Habitual movements should be watched closely, such as twisting the body to one side in an effort to reach for an article on a bed-side table; this places a uni-lateral strain on the abdominal and back muscles and may cause a marked deviation of the spine. Lying on a bed, close to a wall, for a long period of time results in the abuse of certain muscles to perform a desired activity. For example, the muscles of one side of the neck, if constantly exercised or held in one direction, will cause a wry neck. Alternating the position of the bed-side table and changing the location of the bed are necessary in order to prevent such conditions.

Attention to the position of the arms and hands, as in the case of hemiplegia, is very important. In this condition the patient is prone to hold the arm close to the side of the body, elbow flexed slightly and forearm pronated, and the wrist dropped in a position of flexion. Support should be given to the extensor and abductor muscles in order to avoid contractures which add to the impairment of the part and require a longer period of time for the restoration of function.

Such pathological conditions as poliomyelitis, arthritis, empyema and osteomyelitis should be given careful attention, to minimize any ultimate loss of muscle function. During the acute stage of poliomyelitis it is especially important that the feet be protected so as to prevent adaptive shortening of the heel cords. The legs must be kept from rolling outward and, if there is weakness or paralysis of the upper extremities, pillows may serve to support the arms in a position of abduction and external rotation. If a pillow is used under the head, it should be small and flat and the mattress should be firm to prevent lateral curvature of the spine.

The patient with an arthritic condition should be watched closely to avoid unnecessary deformities. The use of many pillows is to be discouraged because they will push the head forward and cause the shoulders and back to become round and rigid. Active motion of the part involved should be encouraged up to the point at which the patient feels pain.

Empyema may easily be the cause of spinal curvature, so that careful observation of the position of the patient is essential. The patient who has osteomyelitis of an extremity should be allowed to move the part in all normal positions a given number of times each day to prevent a stiff joint.

The diabetic patient, whose condition sometimes makes amputation necessary,

is often severely handicapped when the time comes for the fitting of an artificial limb, because little or no attention has been paid to bandaging and to the position of the stump. The stump should be bandaged and supported in an extended position. Occasional flexion exercises should be given daily.

Keen observation is necessary on the part of the nurse in caring for a fracture patient to reduce unnecessary handicaps and prolonging the recovery of function. The patient with a fracture of the wrist should not be allowed to hold the arm too close to the body and so produce contractures of the flexors of the elbow and shoulder muscles. Outward rotation of the leg and foot drop should be guarded against in fracture of the femur; this is especially true of older patients.

In view of these facts, orthopedic nursing should be included in the training of every nurse. More emphasis should be placed upon teaching the student nurse the relation of posture to deformity. A knowledge of normal joint movement is of little value if abnormalities cannot be detected before they become deformities.

There is a need on the part of all nurses, for a better understanding of body mechanics and distribution of body weight, to minimize the strain and fatigue in our every day life. We find visiting nurses carrying the bag on one arm. or in one hand, day after day, and upon close observation note that the shoulder is held high and upon examination find a deviation of the upper spine. This is also true of children and students who constantly carry school books on one arm.

A peculiar gait is an indication that physiologically or pathologically something is wrong. The most common physiological types are the "slouch or sauntering gait" and the "fatigued gait." The principal feature of the "slouch" is a forward flexion of the trunk and a generally relaxed position. The fatigued gait is very similar, the body is bent forward, knees slightly flexed and the steps are slow—very much as in a person walking under a heavy load.

The most obvious pathological gaits are those of the short leg, contracture of the muscles of the knee and hip, congenital dislocation, the spastic, and those resulting from a paralysis of the quadriceps (the muscles which extend the knee,) and the gluteal muscles (which extend the hip).

The instability caused by impaired muscle tone or some pathological condition presents definite characteristics which can be readily detected by those trained in orthopedic nursing. For ex-

After six months treatment

ample: if the gait resembles a waddle one is suspicious of congenital dislocation of the hip. A backward thrust of the trunk to prevent jack-knifing at the hip joint indicates an impaired muscle tone in the extensor muscle of the hip.

It is important to note whether or not the position of the foot in walking or standing is such that it receives the body weight on the heel, the outer border of the foot and the ball of the foot. To function normally the foot, in walking, should point directly forward, so that the transmission of weight is through the thigh in a straight line to the foot, and evenly distributed to the side of the foot. In walking with the toes outward, the weight of the body is carried through to the inner border of the foot and causes the ligaments and muscles to become overstretched and weakened, which will result in a weak foot.

The most common causes of weak foot are:

Faulty distribution of body weight.
Shortening of the calf muscles from the continuous wearing of high heeled shoes.
Prolonged standing or walking.
Overweight.
Disease or accident affecting the normal action of the foot.

This condition can be corrected if it is recognized in time and proper treatment is instituted. Individual attention mutt be paid to each patient, and exercises should be given which will restore the correct relationship between the pelvis, thighs, legs and feet.

Editor's Note: This article is the first of a series based on an address given by Miss Ballantyne at the Annual Meeting of the Registered Nurses Association of Ontario, on April 2, 1937.

WHAT LONDON THINKS

ALTA M. JOHNSTON,
London, Ont.

Not since 1925, when out of the Graduate Nurses Association of Ontario came to the Registered Nurses Association of Ontario, have the London nurses been fortunate enough to have the convention of their Provincial Association in their own city. For twelve years reports have been presented by delegates attending these conventions elsewhere, and the annual meeting held here recently proved a real revelation to the local group.

It was impossible to attend even one session without realizing the importance of this organization. The tremendous tasks that have been and still are being undertaken to improve the status of nursing were brought home to us. Heretofore we paid our two dollars and wondered what it was all about, but from now on the nurses of London want to lend a helping hand and to pass on the stimulating effect the convention had on our group. Our knowledge of the Association has been so broadened that we feel the nurses in every city in our Province should be afforded the opportunity of having the R.N.A.O. annual held in their locality.

Correspondence

MORE ABOUT SOUTH AFRICA

I have already described to you the exterior and setting of the New Somerset Hospital—now I would like to tell you something about what goes on within that old fawn building with its tall turrets and balconies overlooking the sea. Let us first peep into a coloured ward. It is a few minutes before two o'clock on a Sunday afternoon. Great preparations are being made for the visitors who will fill the long corridors the moment the front door is opened. The Malay women will be seen carefully arranging their fine silk headdress, which they drape across their forehead and allow to hang in soft folds over their shoulders. Those who have been fortunate enough to visit the holy city of Mecca will cover also their faces, leaving only a pair of dark brown eyes exposed. Relatives and friends will appear in similar headgear with long flowing robes of the same material. The men folk wear European clothes with a small red fez.

Kaffir women are usually too poor to afford anything except the bare necessities of life. They divide their hair into small squares and braid each portion separately. The finished effect is a mass of tiny short plaits which are connected one into the other in some mysterious fashion—not unlike the Topsy, of "Uncle Tom's Cabin."

To the inexperienced eye these dark-skinned people all look alike, but one almost invariably finds that they belong to entirely separate tribes and castes with distinctly different features and habits. In the same ward may be found the Xosas from the Transkei native reserve, a very clean moral tribe, who live by sheep-farming and agriculture and the Natal Zulu who is also a fine type of native. These men are employed as hotel boys or else as labourers in the Rand gold mines. Then there are the Malays, who are sometimes quite wealthy and may be seen driving about town in curtained limousines and Cape Coloureds who are originally a cross between the Hottentot and the European.

There is no preliminary training school and no set time of entry, so the nurses simply start work as soon as they arrive, and their lectures and practical demonstrations are fitted into their time off-duty. There are two Sister Tutors, one who lectures in Afrikans and one in English. They also have lectures from two doctors throughout their four years training. Owing to the fact that students enter and finish their training all at different times, there is no graduation ceremony, no pinning of medals on to stiff white bibs, no chorus of voices repeating the Florence Nightingale Pledge, no one to present leather-bound diplomas and wish them well.

The student nurses, probationers, juniors, intermediates and seniors all wear the same uniform: white unstarched short-sleeved dresses, draw-string caps and white shoes and stockings. They are given their caps on arrival and thereby lose the thrill of earning that much cherished adornment and protection against the everlasting "Remember you are only a probie."

Each ward has two graduates, a Sister-in-charge and a staff nurse. All treatments, dressings, taking of bloods and urinalyses are done by the latter. Their off-duty hours are so arranged that there is a trained nurse on duty all the time. The graduate staff pay a small monthly fee into a pension fund. At the end of five years if they wish to leave, this money may be withdrawn. Nurses are pensioned off at the age of fifty-five.

Very soon we are moving into a new hospital which will be called "Groot Schuur"—the Afrikans word for "Big Barn," the Prime Minister's home also bears the same name. Miss Pike, our new Matron, has recently returned from a tour of England, Canada, and the United States, where she visited many of the large hospitals and collected new ideas, which she will probably introduce into Groot Schuur.

This letter is being written in the heat of an African summer, while in Canada you are enjoying our snowy winter weather.

There are times when one longs to hear the hard snow crunch under one's heels and to hear the sound of sleigh bells ring out in the cold air. All these are the things that spell home to us. We feel that we have added considerably to our store of knowledge and that this has truly been a very valuable and enjoyable experience.

Claire Hiscock

Editor's Note: Miss Hiscock is a graduate of the School for Nurses of the Montreal General Hospital, who for several months has been an exchange student in the New Somerset Hospital, Capetown, under the auspices of the Committee for the Exchange of Nurses of the Canadian Nurses Association.

ALCOHOLIC PATIENTS

I have recently read with considerable interest an article in *The American Journal of Nursing* entitled "Alcoholic episodes and their nursing care." There is, however, another angle of the question which I feel should not pass unnoticed. Could we have a frank discussion, through the medium of *The Canadian Nurse*, on the responsibility and duties of the nurse in regard to the alcoholic patient? An expression of opinion should be sought from the doctor and even from the patient himself as well as from the older and more experienced nurses.

It is felt by some of the nurses whom I know that young women are being asked to look after these patients and that their judgment in regard to them is open to question. They may be finding the situation difficult, or possibly are not even realizing is potential dangers.

Here are some questions which require the most careful consideration of physicians and nurses in order that these patients may be cared for under suitable conditions:

1. Should a nurse be requested to go to an hotel or apartment house to look after an alcoholic patient when there is no other woman present?

2. Should the nurse be expected to stay with that patient when he is allowed to entertain friends whose influence is not satisfactory under the circumstances?

3. Should a nurse be expected to travel with the patient?

4. When the doctor practically steps out of the picture, should the nurse remain on the case?

5. Some question with regard to the fees accepted for these cases has arisen at various times. This requires clarification.

We should like this discussion to be helpful and do not want it to be dismissed with the stereotyped assurance that "the right type of nurse will handle the situation satisfactorily."

"Interested"
Ontario.

OPPORTUNITIES IN CHINA

We wonder why it is so difficult to find volunteers for work out here. There are wonderful opportunities for people with initiative and perseverance and, after all, the hardships are not perhaps as bad as some imaginations might picture them. Perhaps it is a case of dearth and surplus, and misconnections somewhere.

Within the last ten years China has made great strides in a new programme into operation in the medical world. The present policy aims towards State Medicine which presents many difficulties everywhere, but more especially in a place like this because modern medicine is newer here. It was only last year that we celebrated the hundredth anniversary of the introduction of modern medicine into China.

The Government now wishes to register all nurses and nursing schools. They have given us a curriculum which at first looks impossible to us, because we are so far in the interior and are therefore somewhat isolated and backward educationally. However they seem willing to be reasonable and consider circumstances, so we hope to register with them.

I am particularly interested in the Proposed Curriculum for Schools of Nursing in Canada because it was evidently planned to meet the needs of the worker. And I enjoy the *Journal* immensely.

Janet L. Brydon,
United Church of Canada,
Hwaiking, Honan, China.

THE EDITOR'S DESK

Applied Orthopedics

The place of honour in this issue of the *Journal* is given to the first of a short series of articles dealing with orthopedic aspects of nursing. These are based on the fine address given by Miss Marion Ballantyne at the annual meeting of the Registered Nurses' Association of Ontario. The striking illustrations were obtained, through the courtesy of Miss Gretta Ross, supervisor of the Children's War Memorial Hospital, London, Ontario. Miss Ballantyne is orthopedic supervisor of the Visiting Nurses' Association of Brooklyn, New York, and her keen glance falls upon nurses as well as upon patients. She notes the pull of the heavy bag carried by the visiting nurse and she tells us how to walk properly. Best of all, she makes us see that most branches of nursing have their orthopedic aspect. Read her article and then go down the ward and see whether the position of the bedside tables and of the beds themselves is just what they should be from an orthopedic point of view. Perhaps we pay too much attention to mathematical alignment and not enough to the needs of the patient.

Reader's Guide

We are particularly proud of the two articles which appear this month under the caption of the Department of Nursing Education. These were written especially for the Journal and deal with a new method of introducing the student nurse to the somewhat trying environment of the operating room. Miss Bianca Beyer, who is the supervisor in the surgical department of the Toronto General Hospital, first describes the introductory course and then a student nurse, Miss Margaret Walters, gives a vivid impression of what this sane and sensible initiation means to the trembling aspirant. △ Every public health nurse comes in contact with foster children and their parents. Miss E. M. Sellery gives some sound and practical advice about helping them. Miss Sellery is the superintendent of the Infants' Home in Toronto. △ In "The value of others" Miss Eunice McHarg reminds us of the need of understanding those with whom we live and work. △ On the page devoted to correspondence will be found some challenging questions concerning the nursing care of alcoholic patients in other environment than that of a hospital. Appropriate measures should be taken to protect young nurses from the unpleasant consequences which sometimes arise in cases of this kind. Comment and suggestions are invited.

Getting Together

The Committee on Instruction in Toronto is to be commended for having sponsored the Undergraduate Nurses Association, mention of which is made elsewhere in the *Journal*. This group comprises student nurses from every school in the city and keeps them in contact with one another by means of its various activities, including sports. There is no better foundation for friendship than a swift game of tennis or badminton. And no better discipline either.

I.C.N. Congress

In *Notes from the National Office* the Executive Secretary of the Canadian Nurses Association adds to and summarizes the fund of information concerning the I.C.N. Congress which has consistently appeared in these columns for the past six months. Note the picture of the Central Hall, Westminster, which appears in this issue. It is here that the Congress will hold its sessions and not in the historic Westminster Hall which, of course, is not available or appropriate for gatherings of this nature.

CANADA'S "INTERNATIONAL"

This is an informal picture of Maisie K. Miller, a graduate of the School of Nursing of the Moncton Hospital, who has been awarded the scholarship given annually by the Canadian Nurses Association in connection with the courses offered in London under the auspices of the Florence Nightingale International Foundation.

Miss Miller tells us that she is looking forward most eagerly to her year of study in England and that she intends to take every opportunity of seeing the venerable old churches and hospitals which make history come alive. . . Miss Miller has received many congratulations from her fellow members of the executive committee of the Registered Nurses Association of New Brunswick. Her own school is especially proud of her and all her friends are sure that she will be a worthy representative, not only of the Maritime Provinces, but of the Dominion at large.

Maisie K. Miller
Canada's Scholar, 1937-1938

DEMISE OF A BASKET

With the kind permission of *The Quarterly*, published by the Alumnae Association of the School of Nurses of the Toronto General Hospital, we quote some amusing reflections on the passing of an old friend, the bath basket:

I'm outworn, I'm outmoded, I'm unsanitary, I'm untidy, I'm in the way, I'm expensive. Those are the terms in which they describe me now. I who feel youth still in my fibres, who stand as erect as ever I did. I, who have never been heard to utter a single complaint, no matter how great my load has been. I, who have never so much as sighed when my bottom was nearly burst in by the force with which I was plunked down on anything handy after some officious supervisor has passed by and remarked that I simply couldn't remain on the floor. I must go, I'm in the way, and in my place what have they?—A trite little, bright little blue can of powder, and a bottle of alcohol!

Nurses of the past have known how to appreciate me; even nurses of 1936 have found me useful. Why, when the man from the housekeeping came to carry me away I was still playing the game. They took out of me two clean pillow cases, a precious clean towel and a washcloth, a man's dirty sock (don't know how I managed to pick that up) and a soiled gown. The nurse and I were on our way to the tap room. Besides my extra tooth brushes, combs and soap, I had a couple of apples one of the patients had given my nurse. I also carried a leaky hot water bag and an air ring that wasn't needed any more.

Now I've heard they are thinking of making a bonfire of us all, and revelling in our end. I only hope none of the nurses of the good old days need know that the famous T.G.H. bath baskets are no more.

Introduction to Operating Room Technique

BIANCA M. BEYER,
Supervisor, Surgical Department, The Toronto General Hospital

In the past, the student nurse has usually been introduced to an entirely new type of work in unfamiliar surroundings on a very busy morning in the operating room. Although the supervisor, necessarily pre-occupied with her preparation for the numerous operations, cannot be expected to give her more than brief and hurried instructions, she has nevertheless been looked upon as a member of the working force of the operating room, and has been expected to accept her full share of the duties from the outset. Frequently she was timid and apprehensive, so that the usual smoothness of the service was disturbed by her nervousness and ignorance. In order to relieve this situation, which weighed just as heavily on the surgeon as upon the nursing staff, a course of introductory lectures and demonstrations was suggested. The operating room supervisors were consulted, and the content of a brief preparatory course was agreed upon. This is now being given in the Toronto General Hospital and an outline of it is offered in the hope that it may be useful in similar situations elsewhere.

These preparatory classes in operating room technique have served a threefold purpose. They have developed the student nurse's knowledge of asepsis and emphasized its importance; they have acquainted her with the nature of her duties and have removed her apprehensions concerning them; they have made her a useful member of the operating room personnel from the beginning by enabling her to accept her share of the responsibilities and to perform her duties until the nurse in charge is able to explain and demonstrate them more fully.

The course is taken in the nurses' classroom and includes both lectures and demonstrations. An opportunity is given the student, at the end of the course, to observe operating room procedures in an operating room, while an operation is actually in progress. We consider the operating room itself to be the ideal teaching unit, and it is toward this ideal that we are striving. In the meantime, however, the benefit of the classes to the student nurse, and as a result, to the operating room supervisor, has been evidenced by the student's ability to adjust herself more quickly and capably.

The student takes the course as immediately previous to her training in the operating room as possible. This limits the number in the class, six or eight comprising each group. Such limitation allows the supervisor to give individual instruction and permits each student to practise the demonstrations. Practice tends to increase her confidence and this teaching and practising is fresh in the student's mind when she begins her operating room service.

Operating room training is usually given to the nurse in her second year. By way of background she has received,

in her first year, a course of lectures in bacteriology, and practical experience on a surgical ward. On the surgical ward, she has been able to apply the principles of asepsis in the preparation of the patient for operation, in the sterilization of equipment, in the dressing of wounds and in assisting the surgeon during minor surgical procedures such as cut-down intravenous and the indirect method of transfusion. At the present time, seven classes (including lectures and demonstrations) are included in the introductory course. Its objectives may be summarized as follows:

Class One: to develop the student's knowledge of asepsis; to define operating room technique and explain the nurse's duties and responsibilities; to emphasize the relation of bacteria to surgical technique; to consider the type of nurse who is particularly qualified for operating room work, and to point out the characteristics which the student needs to develop in order to be efficient in her work.

Class Two: to consider the principles underlying the preparation of the operating room, equipment and supplies immediately previous to an operation; the preparation of the surgeon and the nurses; the preparation of the patient; to outline the duties of the nurse before, during and after an operation; to point out, and so help to prevent, obvious breaks in technique.

Scrubbing up

Class Three: to teach the student how to wear a cap and mask, how to scrub the hands and arms, how to put on sterile gown and gloves, and how to avoid contamination during the procedure. Each student is requested to practise this procedure while the other students observe and criticize in a constructive manner.

Class Four: to emphasize the importance of cleaning, disinfecting and sterilizing (Each student is given a printed list of the method and time of sterilization required for each article.) To consider, briefly, the cost of supplies and the necessity for judicious use; to teach the student the care of surgical equipment; to demonstrate the application of the blood pressure cuff and show how to take a patient's blood pressure, each student being required to practise this procedure.

Class Five: to explain and demonstrate the various suture materials and needles and to explain the method of their sterilization; to teach the uses of the various suture materials and different kinds of needles; to consider the sutures required to close an abdominal wound.

Class Six: to allow the students to observe the technique demonstrated in an operating room while an operation is in progress. These observations are recorded by the student. This helps the supervisor to judge the benefit of the teaching, the student's understanding of the knowledge given her and her ability to observe accurately and to arrive at logical conclusions.

Class Seven: to examine an operating room, when it is not in use, in order to acquaint the student with the whole department, its equipment and supplies. An opportunity is given to the students

at this class to ask questions and discuss problems arising from their observations concerning operating room technique.

At the end of the course, the student's notes and the record of her observations in the operating room are marked and any mistaken ideas or false impressions corrected. Also, to aid in judging the benefit the student has acquired from the course, a printed list of statements, upon which she is asked to comment, is given to her. These statements are based on the lecture content and reference reading.

In this article I have written only of the introductory course of lectures, including the underlying principles and the elementary procedures, in operating room technique. These classes, as I have mentioned, are given to the student before she enters the department for training. When this student begins her duties in the operating room, she is given a concentrated and detailed training by the nurse in charge. A record is kept of this teaching, of the student's experience, and of the ability displayed during her period of service.

Putting on the Gown

Editor's Note: The succeeding article, entitled "What I learned" is written by a student nurse who has herself experienced the benefits of the preparatory course described by Miss Beyer. No better proof could be given of its value.

What I Learned

MARGARET WALTERS,

Class of 1938, *The School of Nursing, The Toronto General Hospital*

From a student nurse's standpoint, there is no period when she is as constantly called upon to make new adjustments, and when she requires more guidance, than in her operating room training. There is, indisputably, no other place when she has as much need, not only for a thorough knowledge of asepsis, but also for a conscientious and appreciative mind concerning her responsibility for maintaining asepsis.

The course of lectures which is being given in our School, preceding the training in the operating room, offers a fine theoretical foundation on which the success of a practical application depends. It gives the student an opportunity to refresh in her mind the principles of asepsis and of studying the principles of technique used in maintaining it. It allows her to observe and practise several of the elementary procedures; it provides an opportunity to see an operating room and to obtain a rudimentary knowledge of the instruments, supplies and equipment; it allows her to observe,

That first morning!

Drawing by Florence Dewey

quietly, an operation and to review the whole situation in which she will soon take an active part. The technical training in the operating room can be given only by definite teaching in the department, in conjunction with supervised observation and actual participation in the operations. The rapidity with which one is able to acquire this training is greatly influenced by the information already made available.

Speaking as a student nurse who has just completed these introductory lectures in operating room technique, and has started training in the operating room, I should like to describe, from personal experience, the benefit this previous instruction has been to me. I was able to meet the new situation in an understanding, observant and enthusiastic manner, realizing the great responsibility I was assuming in the successful fulfilment of my duties.

I had learned the underlying principles of autoclaving the supplies at fifteen pounds pressure for twenty to thirty minutes. Although I had to be instructed in the working of the machine, I already knew the importance of correctly folding linen and how to cover the supplies to be autoclaved. I could insert the pins in such a way as to prevent contamination when withdrawing them and could arrange the bundles in the autoclave in such a way as to effect the best circulation and penetration of the steam.

I was able to operate the sterilizers, and from a list given me in class, knew the time required to sterilize all instruments (both blunt and sharp), needles, glassware, enamelware and rubber goods. Having seen that the first scalpel, used in incising the skin, was taken by an unscrubbed nurse to be re-boiled, I was able to anticipate this as one of my first duties, realizing the reason for the procedure.

I could recognize such instruments as snaps, kochers, kellys, scalpels, thumb forceps, dressing forceps, clip sets, sponge sticks and towel clips, and could place the correct number of instruments in their proper arrangement on the high stand. "Lane" forceps were known to me as the forceps used to handle all instruments in the special technique applied in bone surgery. I knew that needles were classed as straight, fully-curved or semi-curved, and that they were made with round or cutting edges. I knew, too, that a needle holder was usually clamped on a curved needle before it was given to the surgeon to use.

I was familiar with the terms "suture" and "ligature" and knew that the difference between them lay in their usage. I had seen the various ways in which ligating material had been prepared on spools and carriers. In class, I had learned the various suture materials, what they were, whether they were non-absorbable or absorbable, and the absorption periods of the absorbable type. I learned the methods of sterilizing them, and the correct way to break a tube of suture material. I also knew that waxed

black silk was being used as a ligating and suturing material.

I had already been instructed in the principles of draping. I knew I must protect myself while draping the patient by standing far enough away from the operating table to protect my gown, by keeping my hands on top of the linen to protect my gloves and by placing my hands nearest the area to be draped to avoid the possibility of the draping moving when once it was in position. When placing a sheet, I realized the importance of holding it high enough from the floor and far enough away from my gown, especially the part below the waist, to avoid contamination. I knew that linen was folded with the inside fold shorter than the outside fold, thus affording protection for my gloves while draping. I knew that wet linen or linen with holes in it could not be used for draping, as it would not be sterile.

I was entrusted, as one of my first duties, to clean up the operating room following the operation. Realizing the wealth of bacteria in dust and the importance of cleanliness in maintaining asepsis, I regarded this duty with as much importance as sterilizing. I tried to conscientiously and thoroughly clean the room, to lay a foundation on which asepsis might be preserved. I took the opportunity, at the same time, to become familiar with the equipment and the surroundings in which I would be carrying out my duties. I knew what special cleaning precautions were taken after a pus case.

Having seen an operation in progress, I had a general knowledge of the set-up in the operating room and the position of the tables and high stands on which the nurses kept their sterile supplies and how they assisted the surgeon. The firm precision with which instruments were placed in the surgeon's hand; the way in which the nurses strove to maintain the standard arrangement of the instruments and supplies; the duties of the circulating nurse outside the sterile field; the importance of the presence of an unscrubbed nurse constantly in the operating room during an operation, were all firmly impressed upon my mind. When it came my turn to fulfill these duties, it was made easier by this recollection of them.

I was able to prepare the patient for anaesthetic; to apply the blood pressure cuff; to test and observe the patient's blood pressure and to anticipate the anaesthetist's needs. I realized the importance of re-assuring the patient but being guarded in my conversation and of keeping the patient as quiet and comfortable as possible.

Ready for the Surgeon
Courtesy of the Royal Victoria Hospital

I had been taught the correct method of scrubbing-up to ensure cleanliness of the hands and arms and I had already had an opportunity to practise this procedure in the class room. I also knew how to remove a sterile gown from a drum, to properly unfold it and put it on, to hand the ties to the circulating nurse and to put on sterile gloves. Once scrubbed, I knew that I should stand with my hands in front of me and extended outward and upward. I knew that I should face sterile objects rather than risk touching them with the back of my gown which was unsterile. I was able to observe this "scrubbing-up" procedure, to tie the surgeons' and nurses' gowns and to further impress the procedure upon my own mind.

I knew that the unscrubbed nurse should manoeuvre the furniture with her feet, keeping her hands as far away as possible from the sterile area. I noticed that the scrubbed nurse kept her gloved hands as far away as possible from an unsterile area. In moving the stand holding the sterile solution basin, she placed her hand inside the basin rather than on the edge.

I realized the importance of touching sterile supplies with sterile forceps only and of preventing contamination of the sterile forceps and sterile tables. I had learned that the correct way to pour solutions into a sterile container was from a height, to avoid contamination of the container. I also knew that all sterile articles being placed on a table with forceps should be dropped from above, to prevent contamination of the forceps: I had come to appreciate the fact that once an operation has begun, it proceeds by an aseptic route rather than a sterile one, because the organs of the human body are not sterile and instruments touching these cannot be considered sterile. The technique used, therefore, is to prevent the introduction of foreign bacteria. Thus, sterile forceps used for sterile supplies should be kept clean.

I knew that it was the duty of the circulating nurse as well as the scrubbed nurse to count the number of sponges being prepared for an abdominal operation and to account for each one of these before the surgeon closed the peritoneal cavity. I was prepared to assist in doing this.

I knew how to approach the surgeon, as an unscrubbed nurse, with a cautery for his use. I knew that I must first hand the scrubbed nurse a sterile cautery mitt to be pulled on over the surgeon's sterile glove, before I placed the cautery in his hand. I knew that I must prevent the unsterile part of the cautery coming in contact with any sterile supplies, and I knew that when the surgeon finished using it, I must remove it and the cautery mitt from his hand without touching his gown and glove.

I realized how important it was for the operating-room nurse to be physically well and strong, and mentally alert, because there was so much for her to do and learn, and the patient's welfare depended, to a great extent, upon her knowledge and ability.

I felt that with this rudimentary knowledge and my mind guided to form the habit of accurate observation and logical thinking, I was equipped, in a small way, to be useful. I looked forward with keen anticipation to a growth of knowledge and responsibility.

How to Help Foster Parents

E. M. SELLERY,

Superintendent, Infants' Home, Toronto

In order to give you the teaching programme which has developed in our agency, it is necessary that I explain a little of our work. The Infants' Home is a child-placing agency. Its work is two-fold—case work with the unmarried mother and placement of mothers and children in foster homes. With few exceptions, our children are under three years of age. We care for between 700 and 800 children a year, and in 1920 we began placement of children in foster homes. Our staff was small, and we were glad of the assistance of the public health nurses and the Child Health Centres to which our children went for examination and regulation of feedings. The children were sent to Hospital for Sick Children for sickness, for correction of defects, and for special clinical advice.

In 1922, we felt the need for a service more closely related to our own work, so we opened a clinic for our own children which was held at the Infants' Home twice a week, and staffed it with two part-time pediatricians who were also responsible for any visiting for illnesses in foster homes. There were various reasons for this change:

The need for fuller record of the child's physical condition and progress. Our nurses were not present in the health centre and all reports had to be relayed to us by the public health nurse, who was responsible for carrying out the instructions given at the clinic.

A need for a closer relationship with the foster mother. The dual responsibility for the child's welfare and duplication of visiting created confusion in the mind of the foster mother as to whom she was responsible.

The need for continuity of service on a city-wide basis as a change in foster home meant transfer from one Health Centre to another.

The need for physical examinations on admission to care, periodic examination during care, examination on discharge, and treatment of the sick, this service to include the pre-school child.

We have now a full-time pediatrician on our staff and four nurses, each of whom is responsible for assisting the doctor on her clinic afternoon. She also does the home finding in her district and has eight to ninety children under supervision.

The foster mothers are a selected group. Nevertheless, though they are not drawn from the lower levels of society in poor districts, they are fairly representative of a cross-section of society, offering normal family life under good physical conditions. We may infer that they are of average intelligence, interested in children, and anxious to make a success of the work. In this respect, they do not differ from the mothers who attend any Health Centre. It is our responsibility to create such a keen interest in the work they are undertaking that they will welcome instruction and supervision. If the foster home is proven unsatisfactory or the foster mother and other members of the

family are not co-operative, we are privileged to remove the child. When this is necessary, we have the same sense of failure that the public health nurse may feel when mothers refuse to follow her teaching and adhere instead to their own methods of poor care. Building up a good foster home is a thrilling achievement and differs not at all from the many experiences of the public health nurse in her community work.

Attendance at the clinic is a compulsory service but we find that once interest is aroused, the foster mothers are glad to come to the clinic, to check up on the children's gains or losses, to report progress and seek advice. Examination of the child, correction of remedial defects, immunization, etc., are carried through, with the mother's consent, of course, but not left to the judgment or affected by possible prejudices of the foster mothers.

The foster mothers are expected to report to the nurse or doctor the slightest illness or variations from the normal, thus giving us the opportunity to deal with troubles as they arise, not waiting for them to assume serious proportions. Foster mothers with sick children and those suffering from colds are asked not to bring them to the clinic, thus preventing spread of communicable disease. Foster mothers are much more on the alert to the child's condition of health and to the part they play in preventing ill health when these points are stressed. The result of our close clinical and home supervision has been a marked increase in the health of our children and a negligible death-rate.

In 1926, a new need was felt for a better knowledge of our children. This was particularly felt in regard to children for adoption and those giving difficulty in behaviour. The Neurological Clinic of the Hospital for Sick Children assisted us that first year in giving us mental ratings on special children and suggestions for correction of behaviour difficulties. The following year, our own mental hygiene clinic was established under the leadership of Dr. Blatz of St. George's School for Child Study. Two main objectives were stressed—first, that of research, including psychometric studies and investigation of behaviour difficulties in the foster child of pre-school age; second, that of service in which assistance was given the foster mother and those supervising the difficult child in foster homes. As time went on, the staff was increased to include a full-time psychologist and part-time clinic nurse, and the service was extended to all children in care over one year of age and some under that age who were for adoption. The number of clinics held each week has been extended to four, and each nurse is responsible for appointments on her own day.

Special emphasis has been placed on the follow-up aspect of the clinic. The child returns at stated intervals as long as he is in care. Added to the value of better knowledge of our children is the better understanding of the foster mother and a knowledge of her shortcomings and her special abilities, which are taken into consideration in the placement service. The clinic serves a still further need—that of teaching both foster mother and workers the principles of child training and their practical application. Time is taken by the psychologist and the nurse to see that the foster mother understands what the normal procedure should be at each stage in the child's development, why the child is not responding to her training, or lack of it, and what to do to overcome the difficulties.

Just as in medical services, the trend has been toward prevention of illness and promotion of health, so in the mental hygiene field, understanding the child, searching for causes of behaviour

difficulties and promotion of good social behaviour is now the objective in any child welfare programme.

With this development of our mental hygiene clinic came the conscious need of a parent education programme within our own agency. We felt that the logical place to start was with our own staff, including doctor, nurses and case-workers. If we were to do an effective job, we must have a common philosophy for teaching, whether it is in the foster home or the child's own home. We were forced to admit a new awareness of our own ignorance as well as that of so-called good foster parents as to the part early habit training plays in the child's health and adjustment among his fellows. As a result, five of our staff have completed the leadership course at St. George's School for Child Study. Others have taken special short courses and parent classes provided by the school. Our doctor has taken several courses in abnormal and normal psychology. Our psychologist has carried through a consistent training of the staff through special lectures, staff meetings, and conferences. Reviews of books and articles at staff meetings has also stimulated interest.

Foster parent training classes have now been conducted for six successive years, and about 475 foster mothers have enrolled in this time. A couple of years ago, our psychologist led a discussion group composed of foster fathers, which we intend to repeat. The subject matter used in the group discussions has pertained in the training of the very young children in their physical habits and general management. This includes habits of eating, elimination, sleep, play, sex training, and emotional control. Principles on which good habits are built are dealt with and applied to the problems brought out in informal discussion.

Besides this, we have two or three general meetings to which all our foster parents and their friends are invited. At one of our meetings we gave them an outline of the history of our organization, explained the work with the unmarried mother, and the opportunity that is theirs to pass on to these mothers not only standards of family life but the right methods of care, so that when children are returned to their own homes again, the mothers will carry through the same satisfactory routines.

Bringing the larger group together periodically has stimulated the foster parents to acquire broader knowledge and understanding of children in order to do more effective work. They have also been more interested in attending the smaller group meetings for a course of study, all of which has been a distinct advantage in preparing the way for acceptance of the individual teaching in the clinic and in their own homes. Reading of books and pamphlets is also encouraged and a lending library is maintained for the use of the foster parents.

As a result of comprehensive interest in the child's whole development—not only physical, but mental and social—a new and broader use is made of our Health Centre. Here the physical examination is not considered complete without a thorough check-up on the child's developmental progress. Methods of training in physical habits is discussed by our doctor with the foster mother as the child reaches each stage of development. As the nurse in attendance has a thorough knowledge of the foster family background and care the child is getting, she knows what training will need special emphasis and in her notes in the records draws attention of the doctor to these points. With new foster mothers and specially difficult situations, the nurse goes over the routine in detail and follows up her teaching the following

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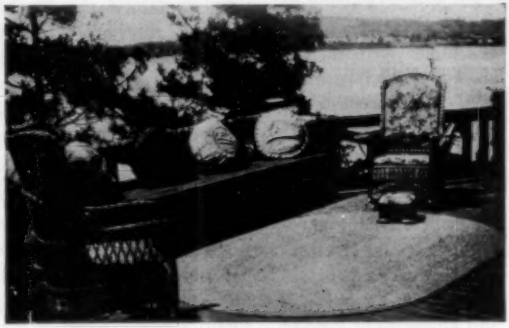

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FOR FURTHER INFORMATION WRITE

MRS. G. B. GREENE, 446 Daly Ave., Ottawa, Ont.

day into the home situation. Special difficulties are referred to the Mental Hygiene Clinic for study and advice. Foster mothers who are experiencing difficulty in understanding their children, or whose attitudes seem all wrong are urged to attend the parent education classes.

Our clinic is a beehive of activity but a rather happy atmosphere prevails. The foster mothers are made to feel it is their clinic and they are very appreciative of help; they are fond of their charges and seem to enjoy the work. But with all I have said about stimulating interest through these various methods, it is the nurses' teaching in the foster home through re-iteration, re-iteration (without irritation) that fixes the ideas in the minds of foster parents.

Our teaching begins with the investigation of the home for the child. We learn the prospective foster mother's own ideas of care and training and what success she has had with her own children, also what co-operation can be expected from the foster father. Before placement, we have another opportunity in preparing the home for a particular child. The public health nurse has the opportunity to do the same sort of teaching in her pre-natal visiting or when visiting from the Health Centre while the mother's baby is young. At this time, the mother is more open to suggestion, thus preventing her from getting into bad habits and acquiring wrong attitudes. Re-education of the parents is a far more difficult process than anticipating the need and carrying them along in the right way. Prevention is our slogan in health work. It should apply just the same in our child guidance and parent education work.

The Value of Others

EUNICE H. MCHARG,
Jeffery Hale's Hospital, Quebec, Que.

We all like to have things done for us, but do we reciprocate? A great many of us do not. "Do unto others as ye would they do unto you." We sometimes use our friends in such a way as to further our own ends and then suddenly drop them.

No one would call a good surgeon cruel for making an incision and causing pain. Life is like that, it wounds and gives no anaesthetic. It almost cuts the heart out of us sometimes. Yet many of the important lessons in life are not learned until we have been hurt. We all have crosses to bear. Some carry their crosses without a murmur, others complain and blame everyone but themselves for their burden.

If we merely try to impress people, and get them interested in us, we shall never have many true friends because real friends are not made that way. Alfred Adler, the famous psychologist says: "It is the individual who is not interested in his fellow-men who has the greatest difficulties in life, and does the greatest injury to others. It is from among such individuals that all human failures spring." Let us try to help our fellow-men by being genuinely interested in their welfare and not constantly talking of one's self.

Every one likes a compliment, we all crave honest appreciation and sincere praise, but we seldom get either. All desire the feeling of importance and modern psychology has amply proved its value. Misfits in life are they who have failed to adjust themselves to their environment. They have not found the necessary self-assurance in life and it is only in the appreciation of others that we can find this assurance. Charles Schwab once said: "The way to develop the best in a man is by appreciation and encouragement, there is nothing else that so kills the ambitions of a man as criticism from his superiors."

Do not forget to smile, make a practice of it because it radiates good feeling. I know a boy who is a cripple for life, but he is a good boy and is happier than most of us. He always greets me with a lovely smile and is so cheerful and comforting. It makes me feel ashamed sometimes, but it helps me to be more pleasant.

We should all be good listeners and encourage others to talk about themselves. Be interesting and interested, genuinely interested, because one cannot make a pretence of interest for long. If you know of peoples' interests ask questions about them: you can easily win their confidence then.

Try not to argue, you may win your point, but you can not win your opponent's good-will. You will have a victory in one way, but you lose your friends and the esteem in which others hold you. If you feel you are wiser than other people, do not tell them so. Admit to others that you may be wrong. Be respectful, especially to older people and never tell them that they are wrong. Always answer politely and never ignore

remarks made to you by others. Be friendly, give encouragement and do not belittle those who are just beginning; they are doing their best, as we all should do from the cradle to the grave. Try to bring out and help to develop the talents of others. Too often we check our fellow-workers' ambitions, perhaps because of jealousy. We may think that they will do better than we are doing. No one is perfect and we all grow richer in knowledge as we strive for our reward.

To a nurse all these things are of the greatest importance. Phychologists each day reveal more and more how important a part the mental aspect plays in life. Many physical ills are but the outward manifestations of mental disharmony. It is therefore vitally necessary that in dealing with a person, especially during illness when sensibilities are keener, that a feeling of confidence and harmony be developed. Only thus can a nurse successfully carry out her special mission in life. By seeking to recognize the intrinsic worth of each individual and by responding to it, we shall achieve our goal with greatest satisfaction to ourselves and greatest helpfulness to those with which we associate in sickness and in health.

DRAMATIC TEACHING

N. LITTLE,

Instructor, Royal Inland Hospital School of Nursing, Kamloops, B.C.

An interesting group project has recently been carried on by junior students of the Royal Inland Training School, in the study of lobar pneumonia. This included formal class teaching, two case studies, a clinic and a play. We had an opportunity of making this study because of the numerous typical cases treated in the hospital this winter. The play was the culmination of our studies together, and was written by one of the class, produced with the assistance of a nurse belonging to the Little Theatre group, and was presented before the Graduate Nurses Association and the student body.

The intermediate students arranged the stage settings, properties aand lighting. The scene was laid in a poor home, and the cook stove, which they created out of a cardboard box, a single roll of black crepe paper, and a small can of aluminum paint was worthy of "McClary." A large scale temperature chart kept the audience informed of the progress of the disease. Glass tubing bent to show the curves of temperature, pulse and respiration was fastened to the chart with fine wire. A short needle carried a white thread around the curves. Attached to the thread was a red cord which was gradually drawn through until on the fifth day, the day of crisis, all three curves dropped to normal At one side of the stage a small laboratory was set up, where one of the intermediate students did the laboratory work in connection with the disease. Previously she had obtained sputum from a pneumonia patient and prepared it for typing, and did the actual test before the audience, obtaining a positive type, Number One. In the last scene the "doctor" said to the nurse: "An experienced nurse, with an imagination, is nature's best assistant. Imagination is the quality of being able to realize the patient's discomfort at the moment, to foresee what it will be at the next, and to invent and carry out a hundred and one tricks to allay or forestall it, and all without ostentation and conversation. By this unflagging watchfulness, incalculable effort and strength are conserved."

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

International Congress

During the past six months there has been published in these *Notes* various announcements relative to the Quadrennial Congress of the International Council of Nurses.

Their Majesties, King George VI and Queen Elizabeth, have graciously consented to give Their Patronage to the Congress which is to be held in London, from July 19 to 24, inclusive. Congress Headquarters, where the majority of meetings will be held is to be the Central Hall, Westminster, in the vicinity of the Houses of Parliament. Sessions will be held daily, commencing at 9.30 a.m. and 2.30 p.m.

Numerous requests for a copy of the Congress Programme have been received at National Office. It is not customary for the International Council of Nurses to issue the programme for distribution prior to the Congress. In the February issue of the *Journal* there was published an outline of the tentative programme.

The Congress Arrangements Committee in London has announced that an office will be open between Thursday, July 15, and Sunday, July 18, in the rooms of the Medical Society of London, at 11 Chandos Street, off Cavendish Square. Members of the Canadian Nurses Association who hold their Congress Registration Card should call at this address to obtain a folder containing a Congress Programme, cards of invitation, etc.

H.R.H. The Princess Royal, has graciously consented to open the Congress at 10 a.m. on Monday, July 19. Doors will be open at 8.30 a.m.

Special services of worship have been arranged for Sunday, June 18 and at 9.30 a.m., in St. Paul's Cathedral, an address will be delivered by his Grace the Archbishop of Canterbury. At 10.30 a.m. in Westminster Cathedral, His Grace the Archbishop of Westminster will address members of the Congress.

Congress Registration

Members of the Provincial Associations of Registered Nurses, through affiliation with the Canadian Nurses Association, are eligible for registration at the Congress. The registration fee should be paid prior to departure from Canada. Those members who wish to register should apply at once to the Executive Secretary of the Canadian Nurses Association for a form by which provincial membership may be confirmed by a provincial secretary.

Congress Tours

Those nurses who are planning to attend the Congress and who have not made the necessary reservations for travel and hotel accommodation are urged to do so without further delay.

The Congress Tour Party, organised by the Canadian Nurses Association in co-operation with Thos. Cook and Son, Ltd., sails on the S.S. Duchess of Richmond, from Montreal, July 9, and on the S. S. Empress of Britain, from Quebec, July 10. Those who sail on July 9, may disembark at Glasgow and spend several days en route to London. A trip to Paris and Vimy, prior to the Congress, may be arranged for those who sail on July 10. Detailed information of all travel facilities including itineraries for several post-Congress tours is available in an attractively illustrated booklet

The Central Hall, Westminster

These tours include travel in Great Britain, Scandinavia and other parts of the Continent. Applications for information should be forwarded to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, or to Thos. Cook and Son, Ltd., 1455 Union Avenue, Montreal.

Expressions of appreciation, for arrangements made in 1933, by members who attended the Congress in Paris and Brussels, continue to reach the National Office. A recent note is quoted in part:

My thoughts often turn to you at this busy time in connection with the Congress of Nurses and that very happy time I spent at the previous one in Paris and Brussels. I think you ought to be commended on the organisation of this work. What a boon it is to those who are fortunate enough to be going, to have all the details worked out for them. I often think how remiss we are in expressing our appreciation for the privileges extended to us and how quick in adverse criticism.

Acknowledgment of appreciation of the various ways in which the Canadian Nurses Association is able to serve the membership throughout the Dominion

is always received with gratification; even adverse criticism is not without its value!

Schools of Nursing

The annual revision of the list of Approved Schools of Nursing in Canada, by the Canadian Nurses Association, shows that during 1936 six schools were discontinued. One school was closed in each of the Provinces of British Columbia, Manitoba, Nova Scotia and Saskatchewan, and two in Ontario. There are now 159 schools of nursing, the graduates of which are eligible to write the examination for registration of nurses of the province in which their school is located. In less than five years there has been a fourteen per cent reduction in the total number of schools of nursing in Canada. The majority of schools which have been discontinued were connected with hospitals of fifty beds or less.

Pan-Pacific Conference

The fourth triennial conference of the Pan-Pacific Women's Association is to be held in Vancouver from July 12 to 24, 1937. Upon invitation of the Executive Committee, Miss Christine Murray, will represent the Canadian Nurses Association at the Conference. Miss Murray is instructor of Nurses at the School of Nursing, Provincial Royal Jubilee Hospital, Victoria. The president of the Pan-Pacific Women's Association is Mrs. C. Tsune Gauntlett, of Tokyo, Japan. Miss Mary L. Bollert, Dean of Women, University of British Columbia, as chairman of the Canadian Arrangements Committee, has charge of all local arrangements.

Obituary

LUND — The Moncton Chapter of the Registered Nurses Association of New Brunswick records with deep regret the death of Genevieve Lund which occurred at Ste. Agathe Sanatorium, Quebec, where she was employed as a technician. Miss Lund was a graduate of the School of Nursing of the Moncton Hospital and a member of the class of 1931.

LYONS—On May 8, 1937, a notable nursing career came to an end in the death, at the age of seventy-four, of Mary Lyons. For thirty-nine years Miss Lyons made a fine contribution to the prevention and cure of tuberculosis in Nova Scotia. She was a graduate of the School of Nursing of the Nova Scotia Hospital, and when the new Provincial Sanitarium was opened she rendered four years of faithful service to that institution. Subsequently Miss Lyons was appointed investigating nurse for the County of Colchester and later the Anti-Tuberculosis League sent her as a crusader on a tour of Halifax County. She afterwards served successively as superintendent of the Hazelwood Sanitarium and the Tuberculosis Hospital in Halifax. Thus for a period of thirty-nine years Miss Lyons filled with admirable efficiency many responsible positions in Nova Scotia hospitals. To her work she brought the highest ideals of her profession: undaunted courage, high ideals, an understanding heart, and a gentle patient ministry.

UNDERGRADUATE NURSES' ASSOCIATION

History in the Canadian nursing world has been made by the formation of an association of the undergraduates of the nine schools of nursing in the city of Toronto. This project was sponsored by the Committee on Instruction and in February a dinner was given at the School of Nursing of the University of Toronto, to which were invited a senior and intermediate student representative of each of the nine schools. At this time a provisional organization was formed, with a council consisting of a representative of the junior, intermediate and senior years from each school, and an executive consisting of the nine senior representatives. Miss Marion Tresidder, of the School of Nursing of the University of Toronto, was elected president, and Miss Elizabeth Littlejohn of the School of Nursing of the Toronto General Hospital, was elected secretary-treasurer.

The purpose of this Association is to foster inter-school interest and to promote friendship, and a greater sense of unity, through shared extra-curricular activities of varied types, all of which should lead to a more united and understanding graduate nurse group.

The first activity was a very gay and successful one—a dinner held on May 5 at the Arcadian Court and attended by the graduating classes of all nine schools, to the number of 216. The directors of the schools and the members of the Committee on Instruction, were guests. The speaker of the evening was Miss Jean Browne who gave a most stimulating and inspiring address. Miss Ethel Cryderman, president of the Registered Nurses Association of Ontario, and Miss Mary Millman, chairman of the Committee on Instruction, also spoke briefly. Miss Mary MacFarlane, supervisor of the Toronto General Hospital, sang delightfully and Miss Phyllis Smith, a preliminary student in the School of Nursing of the Toronto General Hospital, accompanied her. The junior representatives are busy on plans for an inter-school tennis tournament.

So far as we are aware, this is a unique development in the nursing world and augurs well for a future which makes possible co-ordinated effort.

Book Reviews ★ ★ ★ ★ ★ ★ ★ ★

AN INTRODUCTION TO MEDICAL SCIENCE, by WILLIAM BOYD, M.D., M.R.C.P. (Edin.), F.R.C.P. (Lond.), 307 pages, illustrated with 108 engravings. Price $3.50. Published, 1937, by Lea and Febiger, Washington Square, Philadelphia, U.S.A.

The classification of diseases does much to obscure the nature of illness and gives rise to much floundering among the laity and the semi-laity, such as medical students and nurses. Dr. Boyd's book can be most heartily recommended to them especially. It is obvious that he is aware of the confusion that must exist in pupil nurses' minds, with the apparent contradictions, rules, exceptions, meaningless terms, diseases called by a variety of names, (often men's names) without good reason. The reader knows too that the author realizes that muddled thinking is not confined to raw recruits of the medical army. It is hair-splitting, of course, to quarrel with the omission of all "functional" illness on the basis that it is not "organic," though asthma is given a small corner. But it is definitely meant to describe structural disease.

An admirable description of the arrangement and meaning of the various systems is given at the beginning, so that no intelligent

person whatever could fail to get a bird's eye view and an understanding of this complex machine in operation. It then follows very nicely that disease being always caused by inflammation, degeneration, or new growth, will affect the local and general functioning of those systems in definite ways. An explanation of what inflammation, degeneration, and new growth are, makes clearer still the production of symptoms. You can call a certain group of symptoms and signs any name under the sun so long as you understand the nature of the process, what the results may be, and why and how it upsets the function, not only of one system of cells, but of many, and therefore of the individual as a whole.

Dr. Boyd has succeeded in accomplishing this and all will be impressed by his most sensible point of view. Nurses should not read this book for pleasure only — they should actually study it.

TREVOR OWEN, M.D.
Toronto

NURSING IN DISEASES OF THE EYE, EAR, NOSE AND THROAT, by DR. DAVID H. WEBSTER, DR. JOHN R. PAGE, DR. FRANCIS W. WHITE, with chapter by Dr. Alfred G. Langmann, Dr. Andrew A. Eggston and Mary P. Brown, R.N. Sixth edition. 288 Pages, 93 illustrations. Published in 1937 by the W. B. Saunders Company, Philadelphia. Canadian Agents: McAinsh & Co. Limited, Toronto. Price, $2.75.

The nursing procedures which are approved by the Manhattan Eye, Ear and Throat Hospital are now looked upon as standards which may safely be adopted in other hospitals. The latest edition of this valuable textbook has been thoroughly revised especially in relation to the nursing aspects of laryngectomy and tonsillectomy. Emphasis has been wisely placed on the care of children. Excellent photographs illustrate new methods of dressing wounds. Identification of instruments is particularly well done and there is a good chapter on the management of emergencies.

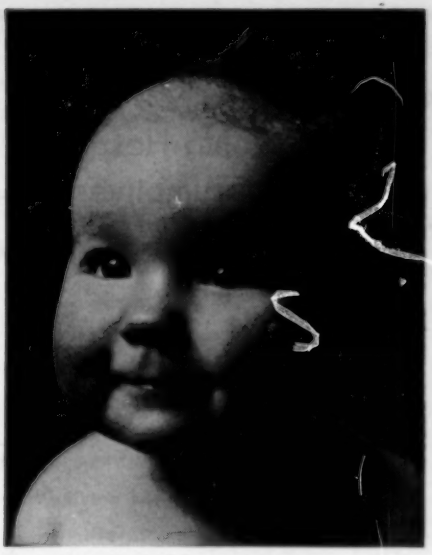
DIETETICS SIMPLIFIED, The Use of Foods in Health and Disease, by L. JEAN BOGERT, Ph.D., Consultant in Nutrition, Delineator Institute, New York City, with Laboratory Section by Mame. T. Porter, M.A., Head of Home Economics and Nutrition, Department of Public Welfare, Utica, N. Y., formerly Chief Dietitian, Toronto General Hospital. 622 Pages. Illustrated. Published by The Macmillan Company of Canada, Bond St., Toronto. Price, $3.00.

The aim of the authors has been to prepare a simply written but thoroughly scientific text on dietetics and it may safely be said that they have attained it. The subject matter is dealt with in five divisions: elementary nutrition; diet in normal conditions; diet therapy; laboratory lessons in cookery; laboratory projects associated with diet in disease. In Part One a clear description is given of energy needs and a careful study is made of foods as sources of energy. Two excellent chapters deal with vitamins. Menu building is adapted to the needs of children, adults and the aged. A whole chapter is devoted to infant feeding. Therapeutic diets are treated in their relation to normal diet and emphasis is placed upon the dietary management of diabetes, nephritis, and arthritis. The laboratory lessons are well arranged and include some good recipes.

This book is recommended for use in schools of nursing and would also prove useful in homes where special diets must be prepared for invalid members of the household.

. . . OFF . . . DUTY. . .

Almost everybody we know . . . seems to be starting off gaily . . . this Coronation summer . . . in search of adventure . . . by land and sea . . . We rather like seeing people off . . . especially when they are going down . . . to the sea in ships . . . For one thing . . . our pleasure is quite untouched by envy . . . we are delighted . . . to be left on the dock . . . and to be comfortably aware . . . that the lift of the bounding billow . . . will soon be experienced by our friends . . . but not by us . . . We like to see them . . . standing proudly at the rail . . . pelting us with long paper ribbon . . . green, purple, yellow, pink, blue . . . which are caught . . . by the handful . . . until there is a rainbow . . . of slender threads . . . spanning the churning water . . . between ship and shore . . . Sometimes the opposing ends . . . are held by total strangers . . . but once in a while . . . the frail ties serve . . . for a brief moment . . . to bridge the widening gap . . . between beloved companions . . . Yet even these must break at last . . . better perhaps to hold them lightly . . . and let them go gently . . . Presently there comes . . . the shattering roar of the siren . . . the propellors turn . . . the ship draws slowly away . . . the paper ribbons slip through our fingers . . . then trail off into the dark water . . . For a moment . . . there is a silence . . . and the laughing faces . . . grow grave again . . . remembering perhaps that to part . . . is to die a little . . . Then comes a chorus of farewell . . . each in his own idiom . . . the stately Spanish . . . "Go with God" . . . The French, the Italians, the Germans . . . all say "To see you again" . . . it is the same wish . . . though the sound of the words . . . is strangely different . . . Our own "Good bye" . . . was once "God be with you" . . . which is a good prayer at parting . . . though worn a little thin . . . by casual use on trivial occasions . . . Anne Lindbergh tells us . . . in "North to the Orient" . . . that the Japanese . . . have a beautiful word . . . "Sayonora" . . . which means . . . "Since it must be so" . . . The music of it haunts us . . . it has a magic all its own . . . It implies regret . . . tempered by that quiet submission . . . to a harsh and unpredictable destiny . . . which is the very soul . . . of the Orient . . . There is no light-hearted assurance . . . of a future meeting . . . no prayer for safety or protection . . . nothing but subtle and restrained expression . . . of deep affection and a sense of loss . . . We shall keep this word in reserve . . . for special leave-takings . . . and even then shall only whisper it . . . under our breath . . . Sayonora . . . Sayonora . . . since it must be so. . . . E.J.



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APPOINTMENTS

The Board of Directors of the Vancouver General Hospital recently gave a dinner in honour of three of the senior staff members who have left to take up duties elsewhere, and of a fourth who has resigned from professional duties. Dr. H. S. Stalker, formerly assistant superintendent of the Vancouver General Hospital, has been appointed superintendent of the Provincial Sanatorium at Tranquille, and Miss Gladys Currie, Reg. N., of the Training School executive staff (a graduate of the Vancouver General Hospital) has been appointed matron of the same institution.

Miss Agnes J. MacLeod, M.A., B.Sc., who has held the position of instructor of nursing practice for the past five years, returns to Alberta as director of the special courses open to nurses at the University of Alberta. Miss MacLeod is an alumna of that university, having taken her Bachelor of Science course there. Later she served as intructor at the University Hospital Edmonton, and subsequently received her Master's degree from Columbia University after having majored in nursing education. The members of the nursing profession will watch with interest the development of the courses associated with nursing at the University of Alberta.

The fourth guest was Mrs. Laura Gordon (née Timmins) who has been in charge of the Social Service Department of the Vancouver General Hospital for a number of years but has decided definitely to give up professional work. She is a graduate of the Vancouver General Hospital School of Nursing and took her social service and public health nursing courses at the University of British Columbia.

ANNUAL MEETING

The twentieth annual meeting of the Saskatchewan Registered Nurses Association took place on May 27 and 28 and therefore came too late in the month for an account of it to be published is this issue of the *Journal*. Prince Albert was chosen as

the place of meeting and the lecture hall of the Provincial Sanatorium was made available for the sessions. In our July number we hope to present a full report of the proceedings which, judging from the programme, are to be extremely timely and instructive.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Nightingale Memorial Fund have been received as follows:

Alberta

A.A., Royal Alexandra Hospital, Edmonton	$10.00
Overseas Nursing Sisters Association, Edmonton	10.00
Graduate Nurses Association, Drumheller	4.00

British Columbia

Undergraduates Society, University of British Columbia	33.14
Overseas Nursing Sisters Association, Vancouver	10.00

Manitoba

Student Nurses, Dauphin General Hospital	2.00
Graduate Nurses Association, Dauphin	8.25
Staff, General Hospital, Ethelbert	1.00
Staff, Modern Hospital	1.00
Sisters of Charity, Swan River	1.00
Staff, Vita Hospital	1.00
Private Duty Nurses	2.00
Staff, Municipal Hospitals, Winnipeg	18.00
Staff, Central Directory, Winnipeg	1.25
A.A., Winnipeg General Hospital	100.00
Manitoba Association of Registered Nurses	100.00

Nova Scotia

Colchester County Branch, R.N.A.-N.S.	5.00
Cumberland County Branch, R.N.A.-N.S.	11.25
Valley Branch, R.N.A.N.S.	5.00
Staff, Glace Bay General Hospital	5.00
Victorian Order of Nurses, Halifax	2.50

Ontario

A.A., General Hospital, Guelph	10.00
Mountain Sanatorium Orchard Nurses, Hamilton	14.25
Isabel Hampton Chapter I.O.D.E., London	5.00
A.A., Oshawa General Hospital	5.00
A.A., St. Luke's Hospital, Ottawa	10.00
A.A., Memorial Hospital, St. Thomas	5.00
A.A., Toronto East General and Orthopedic Hospital	5.00
Staff, Psychiatric Hospital, Toronto	5.25
Students, Toronto Western Hospital	25.00
Florence Nightingale Association, Windsor	5.00

Quebec

A.A., School of Nursing, Montreal General Hospital	60.00

Saskatchewan

A.A., St. Paul's Hospital, Saskatoon	10.00
Saskatoon Registered Nurses Association	10.00

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NEWS NOTES

BRITISH COLUMBIA

VANCOUVER: At the recent examination for certificate and title of Registered Nurse, held in four centres of British Columbia, April 13, 14, and 15, one hundred and eleven candidates wrote the full papers. One hundred and eleven passed.

Married: Recently, Miss Norma Ogle (St. Paul's Hospital, Vancouver) to Mr. Peter Hammer.

Married: On March 8th, 1937, Miss Elsie Agnes Ohlson (Vancouver General Hospital) to Dr. Henry Scott.

Married: On March 29th., 1937, Miss Madeleine Marie Verchere (St. Paul's Hospital, Vancouver) to Mr. W. Graham Mathers.

Married: Recently, Miss Elsie Fairhurst (St. Joseph's Hospital, Victoria) to Mr. Clifford A. Shillito.

Married: On April 10th., 1937, Miss Margery Kathleen Earle (St. Paul's Hospital, Vancouver) to Mr. S. A. Walmsley.

Married: Recently, Miss Florence Sehl (St. Joseph's Hospital, Victoria) to Mr. T. E. Simms. Miss Sehl is the former matron of the Cumberland Hospital.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association recently held their annual dinner when Coronation favours marked the covers laid for ninety guests, including the members of the graduating class of 1937 of the School of Nursing of the Brandon General Hospital. The programme included toasts and the annual reports of the various committees. Miss V. Vance, in the absence of the president Mrs. L. Fletcher, presided over the meeting. Dr. Jane Turnbull was the guest speaker and gave a delightful talk on the subject. "In times like these". Mrs. E. Hannah on behalf of the Association, moved a vote of thanks to Dr. Turnbull.

ST. BONIFACE: The annual Spring tea given by St. Boniface Nurses Alumnae Association was held recently; former graduates of the school presided at the tea table. This tea served as an opportunity for a reunion and was very well attended.

A number of staff nurses and nurses engaged in private duty have taken advantage of openings across the line and are engaged in the various branches of their profession in the United States. Miss Mary Wilson of the staff of the out-patient department of St. Boniface Hospital has accepted a position at Ninette Sanatorium. Miss Irene Miller, who has accepted a position on the staff of the operating room of St. Boniface Hospital has just completed a postgraduate course at St. Michaels Hospital in Toronto.

NEW BRUNSWICK

SAINT JOHN: The March meeting of the Saint John Local Chapter of the N.B.A.-R.N., was held at the Saint John General Hospital, with the president Miss A. Carson in the chair. Following the business meeting, an address was given by Dr. R. A. H. MacKeen, provincial pathologist, on recent advances in serum and vaccine therapy. The speaker was tended a hearty vote of thanks by Miss Maude Retallick. The April meeting of the Chapter was also held at the Saint John General Hospital with Miss A. D. Carson presiding. Delegates were appointed to represent the Chapter at the annual meeting of the New Brunswick Association of Registered Nurses which is to be held in St. Stephen in September. The sum of twenty dollars was voted as a donation to the milk fund of the Women's Council. A social hour was much enjoyed.

Miss Ruth Sullman (Saint John General Hospital, 1936) has recently been appointed to the staff of the Jewish Hospital in Montreal. Miss Pearl Swetsky (Saint John General Hospital, 1937) has also been appointed to the staff of the Montreal Jewish Hospital.

MONCTON: The April meeting of the Moncton Nurses Association was held at the City Hospital, and after a short business meeting, Miss Brean introduced Miss Pringle instructress of nurses at the Moncton City Hospital who outlined the organization of the New Brunswick Provincial Department of Health. Her address was most interesting and enlightening, she pointed out that 95% of births, deaths and marriages in New Brunswick are reported which is a high percentage. We also have compulsory vaccination and silver nitrate is supplied free by the Government for the prevention of eye infection of the newborn. A vote of thanks was moved by Miss Pringle and we are looking forward to a series of such talks which are being arranged by her. A paper was also prepared by Miss Edgecombe on "Protamine Insulin" but owing to her illness, it was read interestingly by Miss L. Flemmington. A rummage sale was held recently under the supervision of Miss Flemmington and added quite a sum of our savings.

Miss Edna Terris (M.H., 1935) has accepted a position with the Department of Public Health and Welfare, Saint John, Newfoundland. Miss Georgie Hayes (M.H., 1935) has been in England taking a postgraduate course in surgery at the Birmingham General Hospital. She is a member of the British Overseas Nursing Association and may go to Africa to take a posi-

tion there though her plans are indefinite at present. Lots of luck, Miss Hayes!

We are delighted to know that Miss Maisie K. Miller has been awarded the Florence Nightingale International Scholarship. She is a graduate of the School of Nursing of the Moncton City Hospital and a member of the executive of the New Brunswick Registered Nurses Association as well as the local chapter. Miss Miller is well qualified to represent the Dominion. She will take the course for nurse administrators and teachers in schools of nursing. We wish her success in her undertaking.

Married: Recently Miss Elizabeth Gillespie (M.H., 1931), to Mr. Wilbur Irving.

Married: Recently, Miss Mary Wilbur (M.H., 1931), to Mr. Harold Magee.

Married: Recently, Miss Dona Dugalls (M.H., 1935), to Mr. Ted. Chapman.

NOVA SCOTIA

HALIFAX: The monthly meeting of the Halifax Infirmary Alumnae Association was held on April 21 with Mrs. A. Chaisson, our newly elected president, in the chair. Under the convenership of Miss T. La Pierre, assisted by Mrs. H. Power and Mrs. G. H. Martin, a tombola was planned for the first week in May. Plans were also made for a dinner at which the graduating class of 1937 will be the guests of the graduates. Other business was discussed and a social hour followed. The officers for the coming year are: President, Mrs. A. Chaisson, vice-president, Miss M. Shearman; secretary-treasurer, Miss D. Turner; committee conveners: entertainment, Miss T. La Pierre; visiting, Mrs. H. P. Power; press representative, Mrs. G. Martin.

Miss N. Chisholm, formerly case room supervisor at the Halifax Infirmary has accepted a position at Camp Hill Hospital. Miss V. Ratchford has succeeded her as case room supervisor at the Infirmary.

HALIFAX: A very enjoyable bridge was held recently at the Children's Hospital, sponsored by a group of nurses in the interest of the School for Graduate Nurses, McGill University, where a number of the Halifax nurses have received their post-graduate training in hospital administration, teaching and public health. Among those nurses are: Miss V. Winslow, superintendent of nurses, Children's Hospital; Miss E. Grew, instructress, Children's Hospital; Miss K. Jamer, assistant superintendent of nurses, Victoria General Hospital; Miss Marshall, Miss Joncas, instructresses at the Victoria General Hospital; Miss A. Purtill, Infectious Hospital; Miss Lenta Hall, district superintendent, Victorian Order of Nurses; Miss Ellen Reid, supervisor, V.O.N.; Miss Mary Gaudet, Miss Marguerite

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Northrup, Miss Winnifred McGuaid, staff of the V.O.N.; Miss Muriel Graham, registrar; Registered Nurses, Association of Nova Scotia; Miss F. W. Bissett. The sum of fifty dollars was realized.

District 1

LONDON: A delightful dinner dance was given recently by the Victoria Hospital Alumnae Association in honour of the graduating class of 1937. This took place in the gaily decorated cafeteria of the University of Western Ontario and dancing followed in Convocation Hall. Miss Margaret McLaughlin, president of the Association presided and Miss Stuart, superintendent of nurses, proposed the toast to the King. A happy event was the presentation of a Victoria class pin to Mrs. Caroline Rose, of London, who is the only known living member of the graduating class of 1887 which was the first year in which a graduation ceremony was held. Mrs. Rose replied most graciously and accepted a corsage of flowers. Miss Jessie Harrison played delightful harp solos. Mrs. P. G. Scanlon was the general convener of the event and was assisted by Miss Hilda Stuart, Miss Margaret McLaughlin, Miss E. Swetman, Miss C. Gillies, Miss K. Coulter, Miss J. Monteith and others.

Miss Alicia Palmer has sailed for England and attended the Coronation.

Married: Recently, Hazel Leona Leslie (Victoria Hospital) to Benjamin John Timms.

Districts 2 and 3

OWEN SOUND: The following nurses left recently for the United States to do general duty at the Strong Memorial Hospital, Rochester: Miss Ruby Mable (G.M.H., 1935), Miss Isabel Briggs (G.M.H., 1936). Miss Marion Livingstone is doing general duty at the Deaconess Hospital, Detroit. Miss Viola Sinclair attended the annual meeting of the R.N.A.O., at London as the Owen Sound delegate.

WOODSTOCK: The student nurses of the Woodstock General Hospital recently presented a comedy play entitled "Don't Count Your Chickens," by William Braun. The players delighted an audience that filled every available space in Grey Memorial Hall, New St. Paul's Church. The proceeds from the play are to be added to our Student's Fund, in the hope that shortly we shall be able to purchase a lantern for our new class-room. The amount earned is well over one hundred dollars. We feel that this bit of news may be an encouragement to other student groups who are desirous of contributing something to their school.

District 5

OSHAWA: District Five, R.N.A.O., held its Spring meeting in St. Andrew's Church,

Oshawa, on May 8. The members were welcomed at the afternoon meeting by Miss Smith, Chairman of Chapter I; and in the evening by His Worship Mayor Hall. The afternoon session was devoted to reports and discussions of the annual meeting of the R.N.A.O., at London, touching mainly on the high lights of that conference: Eight-hour day; Dominion registration; membership; the new curriculum; student nurses as guests. Brief, lively meetings of the sections followed. Supper in the church provided opportunity for friendly reunion of the members of this widespread district. The main thought of the evening meeting was given to orthopaedic nursing and surgery. The chief speaker was Dr. R. I. Harris, of Toronto, who illustrated his address by lantern-slides, surgical apparatus and specimens. The District expects to hold the Fall meeting at the Toronto Hospital for Consumptives, Weston, to study tuberculosis.

TORONTO: Almost three hundred graduates of the School of Nursing of the Toronto General Hospital were present at the dinner given recently by the Alumnae Association in honour of the seventy-five members of this year's graduating class. Coronation decorations, spring flowers and orchestral music made a gay and colourful setting. The guests were seated according to the year of their graduation which offered an opportunity for reunion and reminiscence. Miss Margaret Dulmage, president of the Alumnae Association presided. Greetings and congratulations were extended to the new graduates by Mr. E. C. Fox, chairman of the Board of Trustees and by Miss Ethel Cryderman (T.G.H., 1916), President of the Registered Nurses' Association of Ontario. In replying to the toast proposed to the School by Miss Kathleen Russell (T.G.H., 1918), Miss Gunn pointed out the interesting fact that the school had graduated 2,308 nurses. Miss Alice Hunter (T.G.H., 1927) proposed a very amusing toast to the graduating class to which Miss Elizabeth Littlejohn replied. Dr. W. E. Gallie, surgeon-in-chief of the Toronto General Hospital spoke of the advances made in the medical, surgical and nursing fields over the past thirty years.

District 8

OTTAWA: Civic Hospital. The following members have been appointed to office in the Alumnae Association for the coming year: Honorary President, Miss G. M. Bennett; president, Miss D. Moxley, 28 Woodlawn Ave.; first vice-president, Miss M. Downey; second vice-president, Miss D. Dent; recording secretary, Miss G. Wilson; correspondent secretary, Miss M. Morgan, 275 Powell Avenue; Treasurer, Mrs. H. Kidd; Councillors: Misses D. Kelly, E. Fallis, E. Fletcher, B. Jackson, M. Borland; Committee conveners: Flowers, Miss

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All candidates must make application before June 20, 1937, to the Convenor of the Scholarship Committee of the Alumnae Association of the Vancouver General Hospital, Vancouver, B. C.

Application forms have been mailed to all members of the Association.

D. Johnstone; Visiting, Miss B. Jackson; Press, Miss G. Ferguson, Ottawa Civic Hospital; Representatives to central registry, Misses D. Moxley, D. Kelly, A. Crooks, E. Fletcher, D. Macphee.

At a recent meeting of the Alumnae Association of the Ottawa Civic Hospital School of Nursing, reports of the annual meeting of the R.N.A.O. held in London, were presented by the Misses Anderson, Moxley, Downey, McKerracher and Ferguson. A delightful tea for members of the staff, dietitians and fellow-graduates, was recently given by the Alumnae Association in the residence of the Ottawa Civic Hospital. Miss Enid Hart (O.C.H., 1934) is relieving some members of the staff of the Children's Memorial Hospital, Montreal, for vacation.

QUEBEC

MONTREAL: Among the Royal Victoria Hospital nurses who are in London for the Coronation are: Miss Barbara Campbell (R.V.H., 1919); Miss Kathleen Scott (R.V.H., 1925); Miss E. M. McLimont (R.V.H., 1927); Miss Sally Miles (R.V.H., 1929); Miss Margaret Goldie (R.V.H., 1930); Miss Eileen Potts (R.V.H., 1932).

Miss Laura Dyment (R.V.H., 1931) and Miss Ethel Henry (R.V.H., 1935) who have been on the staff of the Women's Pavilion have resigned. Miss Josephine Stevenson (R.V.H., 1936) succeeds Miss Dyment. Miss Chrissie Campbell (R.V.H,. 1929) is leaving the staff of the Women's Pavilion to take up work with the Child Welfare Association. Miss Kathleen I. Donnolly B.A. (R.V.H., 1934) graduate of the McGill School for Graduate Nurses, succeeds her. Miss Margaret Millroy (R.V.H., 1935) has returned from taking a course at St. Agathe. Miss Margaret Carey, B.A. (R.V.-H., 1932) graduate of the McGill School for Graduate Nurses and the McGill School for Social Workers, has been appointed to the staff of the Chicago Orphan Asylum, which is a well known child placement agency. Miss Ethel Frances Murray, M.A., (R.V.H., 1921) has been appointed supervisor of the Public Health Nursing Bureau of Child Hygiene of the California State Department of Public Health.

At a recent meeting of the Alumnae Association, the guest speaker was the Hon. Chief Justice Greenshields, who gave an interesting talk on "Reminiscences." Dr. Evans of the Neurological Institute, addressed the March meeting. His subject was "Some observations on the development of neuro-surgery."

Married: Recently, Miss Charlotte Lockhart (R.V.H., 1933) to the Rev. A. R. MacIver.

Married: On April 3, 1937, at Johannesburg, South Africa, Miss Kathleen Zwic-

ker, (R.V.H., 1926) to Mr. Charles Denham Grier.

Married: Recently, Miss Muriel Brady, (R.V.H., 1931) to Mr. Leslie Buttery.

Married: On April 3, 1937, Miss Jean Fleming (R.V.H., 1931) to Mr. Robert H. Hunter.

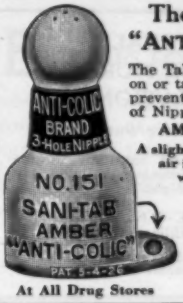
QUEBEC

MONTREAL: On May 7th, fifty-three members of the Class of 1937 received their diplomas at the graduating exercises of the Royal Victoria Hospital School of Nursing. The diplomas were presented by Mrs. Murray Lister, of Calgary, herself a graduate of the School and a member of the class of 1910. Mrs. Lister's daughter, Miss Margaret Lister, B.A., is a member of the Class of 1937 and won the prize for highest standing in the second division. The School thus rounds out two "generations" since it was founded forty-three years ago.

Other prizes were awarded as follows: for highest standing in the first division, Miss Adelaide Haggart, M.A., of Parry Sound, Ontario; for best ward reports in the first division, Miss Mildred H. MacLeod, of Kempt Road, Nova Scotia; best ward reports in the second division, Miss Margaret Cogswell, B.A., of Edmonton.

An interesting report of the activities of the School was given by Miss Mabel F. Hersey and the address to the graduating class was delivered by Dr. E. W. Archibald, professor of surgery at McGill University and consultant surgeon to the Royal Victoria Hospital. Dr. Archibald pointed out that nursing has now become an integral part of medicine and that the responsibility laid upon nurses, especially in relation to diagnosis, has greatly increased. In terminating his scholarly and inspiring address Dr. Archibald spoke of the mystery of pain and of the nurse's share in its alleviation.

MONTREAL: Miss Marjorie E. Lamont (M.G.H., 1933) has resigned from the staff of the out-patient department of the Central Division of the Montreal General Hospital on the occasion of her marriage, which is to take place in the near future. An enjoyable reception was given in the Nurses' Home on April 30, at which a presentation was made to Miss Lamont with all good wishes for her future happiness. Miss Muriel C. Bazin, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, who has been a valued member of the Montreal General Hospital staff for more than two years as Sister-in-Charge of Ward B. (children), is leaving the nursing field in order to pursue her musical studies. Miss Bazin leaves behind her many friends who will miss her presence among the staff.



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Married: On April 7, 1937, Miss Eleanor Grace Barton (M.G.H., 1937) to Mr. Geoffrey Richard Parkes.

Married: On April 23, 1937, Miss Martha Jean Donaldson (M.G.H., 1927) to Mr. J. Gordon Stroud.

QUEBEC

QUEBEC: Jeffrey Hale's Hospital. The graduate nurses of Jeffrey Hale's Hospital recently entertained at bridge in honour of Miss Jackson (J.H.H., 1919), a member of the nursing staff of the Hospital, whose marriage to Mr. W. Fleming is to take place shortly. During the evening, Mrs. Barrow, a former lady superintendent of the Hospital, presented to Miss Jackson, with the good wishes of the graduate nurses, a handsome tea wagon. The Medical Staff of the Hospital also took advantage of the occasion to send Miss Jackson a cocktail table with their wishes for her happiness; Miss Armour, lady superintendent of the Hospital, made the presentation for them. Among those present were Miss Imrie and Miss Mackay (J.H.H., 1904), who presided at the tea table.

SASKATCHEWAN

MOOSE JAW: Members of the nursing profession regret to learn of the resignation of Mrs. M. A. Young, from the position of superintendent of nurses in the Moose Jaw General Hospital. For the past few months ill health has prevented her taking an active part in nursing affairs but we hope that as she continues to improve in health she may soon take on some of the less strenuous duties of the profession in which she has always shown such keen interest.

A refresher course for graduate nurses of the Moose Jaw district was held in Moose Jaw recently. The attendance at all sessions was very gratifying, quite a number having registered from outside points. The committee in charge is most appreciative of the interest shown and the co-operation received, and desire especially to thank those who so ably contributed to the programme which may be summarized as follows: Eye, ear, nose and throat treatments, Dr. E. Moyer; New drugs and their actions, Dr. R. B. Burwell; Anaesthetics, Dr. Zestrop; Masterpieces of European painting (illustrated), Dr. Snelgrove; Surgical complications, Dr. Hugh Young; Treatment of Tuberculosis (illustrated), (films), Dr. J. Orr; The public health fields for graduate nurses, Miss E. Smith; Psychiatric nursing, Miss A. Cleaver, (Regina General Hospital); Treatment of rheumatism, Dr. F. McCulloch; Procedures under the Public Health Act, Dr. B. Bayly; Feeding the baby, Dr. Powell; Some projects of the Canadian Nurses Association, Miss

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On the first afternoon those attending the course were guests of the Board of Conveners of the General Hospital for tea. The following day they were guests of the Sisters of Charity of the Providence Hospital. A banquet was held at the conclusion of the course where over sixty nurses enjoyed a travelogue by Miss Patter, the guest speaker of the evening.

REGINA: The Regina General Hospital Alumnae Association recently held a social evening in honour of the Graduating Class of 1937. The programme consisted of musical numbers, dancing, readings and games. A Coronation souvenir was given to each member of the Class. Announcement was also made that the Alumnae Association will present a gold watch as a Florence Nightingale prize to a member of the class, selected by her classmates, for her devotion to duty.

Married: On April 10, 1937 Miss Emelia Junker (R.G.N.H., 1934) to Mr. Ernest Gerow.

REGINA: The *Journal* has received the programme of the Graduation Exercises of the School of Nursing of the Regina General Hospital. Thirty-five nurses received their diplomas and pins presented by His Worship Mayor A. C. Ellison. The chairman of the Board of Governors, Alderman M. Cameron presided and the address to the Class was delivered by Dr. H. H. Mitchell. Miss Margaret Isobel Brock delivered the valedictory. Prizes were awarded as follows: Gold Medal for General Proficiency, Miss Kathleen McLaughlin; Gold Pin for Medical Nursing, Miss Mac Vance Doak; Prize for surgical nursing, Miss Kathleen McLaughlin; Prize for pediatric nursing, Miss Elizabeth Kathleen Sharp; Prize for obstetrical nursing, Miss Evelyn Hartry. The Alumnae Association of the School of Nursing donated the Florence Nightingale prize — awarded for devotion to duty to Miss Margaret Stelle Langstaff. Her own classmates selected Miss Langstaff because in their judgment she had merited the honour. The Carss Scholarship for a University Course was awarded to Miss Dorothy Helen King, a member of the class of 1936. The Carss Scholarship for a Postgraduate Course was awarded to Miss Frances Margaret Copeman, a member of the class of 1935.

THE VICTORIAN ORDER

Miss Helen Booth resigned from our Edmonton Branch. Miss D. Miller has been appointed temporarily to Lachine, Quebec. Miss M. Smith has been appointed temporarily to Oshawa, Ontario. Miss R. Myers has been appointed temporarily to Moncton, N. B. Miss F. Killen has resigned from the Winnipeg Branch. Miss V. Bruegerman has been appointed temporarily to Kitchener, Ontario. Miss E. McKinney has resigned from the Toronto Branch to be married. Miss R. Orr has resigned from the Montreal Branch.

Miss Marjorie McCutcheon of the Border Cities staff and Miss Grace Versey of the Hamilton staff were with the Community Health Association in Boston for a period of observation experience.

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